

**Best Available Copy**

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | VS       | 66621  | 9/15     |
| O.I.P.E. CLASSIFIER       | AMW      | 32     | 9/20     |
| FORMALITY REVIEW          | AL       | JC-859 | 10/19/02 |
| RESPONSE FORMALITY REVIEW |          |        |          |

**INDEX OF CLAIMS**

|                        |            |   |              |
|------------------------|------------|---|--------------|
| ✓                      | Rejected   | N | Non-elected  |
| =                      | Allowed    | I | Interference |
| - (Through numeral)... | Canceled   | A | Appeal       |
| ÷                      | Restricted | O | Objected     |

| Claim    | Date    |
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| Final    | 2/17/02 |
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| Claim    | Date |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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